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CONFIRMATION NO. 2730

Bib Data Sheet

SERIAL NUMBER 10/605,731	FILING DATE 10/22/2003  RULE	CLASS 180	GROUP ART UNIT 3616	ATTORNEY DOCKET NO. 10261.3801
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None

*[Handwritten signature]*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

*[Handwritten signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 01/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	FL	2	3	2

ADDRESS

22235  
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33316

TITLE

SYSTEM AND METHOD FOR PREVENTING THE OPERATION OF A MOTOR VEHICLE BY A PERSON WHO IS INTOXICATED

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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